

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 7 6 2 6 7 6

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 0 | | 0 | | 9 | |
| TOTAL CLAIMS | 1 | | 1 | | 12 | |

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| TOTAL IND. | | | | | | |
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS